

FEC FORM 9

24 HOUR NOTICE OF DISBURSEMENTS/OBLIGATIONS FOR ELECTIONEERING COMMUNICATIONS

1. Individual, Organization or Qualified Nonprofit Corporation Making the Disbursement/Obligations

(a) Name

REPUBLICAN JEWISH COALITION

(b) Address (number and street)

☐ check if different than previously reported

50 F STREET NW SUITE 100

(c) City, State and ZIP Code

WASHINGTON

DC

20001

(d) Name of Employer or Principal Place of Business

(e) Occupation

2. FEC Identification Number

C C30001374

3. Is This Statement

☒

New

or

☐

Amended

4. Covering Period

M M / D D / Y Y Y Y
1 0 / 2 3 / 2 0 0 8

through

M M / D D / Y Y Y Y
1 0 / 2 4 / 2 0 0 8

5. (a) Date of Public Distribution(s)

M M / D D / Y Y Y Y
1 0 / 2 4 / 2 0 0 8

(b) Communication Title Concerned

6. The filer is a(n): (a) ☐ Individual (b) ☐ Unincorporated Organization (c) ☐ Qualified Nonprofit Corporation (11 CFR 114.10)

(d) ☒ Corporation, Labor Organization or Qualified Nonprofit Corporation making communications under 11 CFR 114.15(e) ☐ Other, specify: _____

7. Were the disbursements for the electioneering communication made exclusively from donations to a segregated bank account?

Yes ☐No ☐

8. Custodian of Records

(a) Name

Rita Cook

(b) Address (number and street)

50 F. Street N.W. Suite 100

(c) City, State and ZIP Code

Washington

DC

20001

(d) Name of Employer or Principal Place of Business

Republican Jewish Coalition

(e) Occupation

Controller

9. Total Donations This Statement

97500.00

10. Total Disbursements/Obligations This Statement

97500.00

Under penalty of perjury, I certify that this statement is true, correct and complete.

TYPE OR PRINT NAME OF PERSON COMPLETING FORM

Matt Brooks

SIGNATURE Electronically Filed by Matt Brooks

DATE 10/23/2008

NOTE: Submission of false, erroneous or incomplete information may subject the person signing this statement to the penalties of 2 U.S.C. 437g.

List of Person(s) Sharing/Exercising Control

(use additional pages as necessary)

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11. Person(s) Sharing/Exercising Control

A.	(a) Name	Transction ID : F91.000001	
	Matt Brooks		
	(b) Address (number and street) 50 F. Street N.W. Suite 100		
	(c) City, State and Zip Code		
	Washington	DC	20001
	(d) Name of Employer or Principal Place of Business		(e) Occupation
	Republican Jewish Coalition		Executive Director

Image# 28992924716
SCHEDULE 9-A
Donation(s) Received

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A. Full Name of Donor

David Kaufman

Mailing Address of Donor

4695 Main Street

City

Bridgeport

State

CT

Zip

06606

Date of Receipt

M M
1 0

D D
2 3

Y Y Y Y
2 0 0 8

Amount

97500.00

Transaction ID : F92.000001

SUBTOTAL of Donations This Page (optional).....

97500.00

TOTAL This Period (last page this line number only).....
(carry total from last page to Line 9)

97500.00

SCHEDULE 9-B**Disbursement(s) Made or Obligations**

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A. Full Name (Last, First, Middle Initial) of Payee NWBB, Inc.				Date of Disbursement or Obligation <div style="display: flex; justify-content: space-around;"> <div>M M / D D / Y Y Y Y 1 0 / 2 3 / 2 0 0 8</div> </div>	
Mailing Address of Payee 6619 South Ryan St.				Amount <div style="border: 1px solid black; padding: 2px; text-align: right;">97500.00</div>	
City Seattle	State WA	Zip Code 98178	Communication Date <div style="display: flex; justify-content: space-around;"> <div>M M / D D / Y Y Y Y 1 0 / 2 4 / 2 0 0 8</div> </div>		
Name of Employer 			Occupation 		
Purpose of Disbursement (including title(s) of communication(s)) Media Placement: Concerned					
Name of Federal Candidate Barack Hussein Obama F94.000002	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input checked="" type="checkbox"/> President	State: GA District:	Disbursement/Obligation For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)		
Name of Federal Candidate 	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	State: District:	Disbursement/Obligation For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		
Name of Federal Candidate 	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	State: District:	Disbursement/Obligation For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		

SUBTOTAL of Disbursement/Obligation This Page (optional)	<div style="border: 1px solid black; padding: 2px;">97500.00</div>
TOTAL This Period (last page this line number only) (carry total from last page to line 10)	<div style="border: 1px solid black; padding: 2px;">97500.00</div>